



Docket No. 13761-7030

Certificate of Mailing/Transmission (37 C.F.R. § 1.8(a)):

[X] Pursuant to 37 C.F.R. § 1.8, I hereby certify that this paper and all enclosures are being deposited with the United States Postal Service as first class mail on July 14, 2003 in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

[] Pursuant to 37 C.F.R. § 1.6(d), I hereby certify that this paper and all enclosures are being sent via facsimile on the date indicated below to the attention of Examiner _____ at Facsimile No. _____ at _____ a.m./p.m.

Dated: 7/14/03

Name of Person Certifying: David Maher

Printed Name: David Maher

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Carol A. Miller et al.

Assignee: University of Southern California

Filing Date: September 27, 2001

Examiner: Huynh, Phoung N.

Serial No.: 09/966,561

Art Unit: 1644

Title: TREATING NEUROLOGICAL DISORDERS USING HUMAN APOPTOSIS INHIBITING PROTEIN

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

RESPONSE AND AMENDMENT

Sir:

In response to the Office Action of January 14, 2003 ("Office Action"), reconsideration is requested in light of the following. A three month extension of time is requested.

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Name of Person Certifying: David W. Maher

Printed Name: David W. Maher

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Alexandria, VA 22313-1450

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JUL 21 2003
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TRANSMITTAL LETTER

Sir:

In response to the Office Communication mailed on September 24, 2002, enclosed herewith for filing are the following:

1. Return Receipt Postcard;
2. Response and Amendment under 37 C.F.R. § 1.116 to Office Action of January 14, 2003 (18 pgs.); and
3. Petition and Fee for Extension of Time – 3 month (1 pg.).

☒ Applicant(s) claim Small Entity Status under 37 C.F.R. § 1.27.

Fee Calculation						
<input checked="" type="checkbox"/> The following fees are submitted:						CALCULATIONS
EXTRA CLAIMS FEE				OTHER THAN SMALL ENTITY	SMALL ENTITY	
CLAIMS	CURRENT #	# OF CLAIMS PREVIOUSLY PAID	# EXTRA	RATE	RATE	
Total Claims	? -20	?	0	× \$18.00	× \$9.00	\$ 0.00
Independent claims	? -3	?	0	× \$84.00	× \$42.00	\$ 0.00
MULTIPLE DEPENDENT CLAIM(S)						
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				\$280.00	\$140.00	\$ -0-
Petition for Extension of Time Fee (3 mo.)						\$ 465.00-
TOTAL FEES =						\$ 465.00

- ☒ Conditional Petition for Extension of Time: An extension of time is requested to provide for timely filing if an extension of time is still required after all papers filed with this communication have been considered.
- ☐ A check in the amount of \$ _____ to cover the above fees is enclosed.
- ☒ Please charge Deposit Account No. 50-2518, Docket No. 2013761-7002993002, in the amount of \$465.00 to cover the above-fees.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 50-2518, Docket No. 2013761-7002993002.

Respectfully submitted,

By: David W. Maher
David W. Maher
Reg. No. 40,077

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